MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 07/674851

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	30		29			
TOTAL CLAIMS	32		31			

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
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TOTAL IND.		↓		↓	2 38	6
TOTAL DEP.					45	30
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

45